



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

*May 10*  
**D2565-201**  
**Job Sheet 176543**



Part No: D2565-201

Job Qty: 4 ea

Part Name: Strut



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 4/25/18

Job Tracking No:

Due Date: 5/10/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV E IPP: D 01.06.04 Added Powder Coat, Removed Polish, and Added Inspection Levels 3 & 21 EC  
Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off   |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |            |
| 90    | Start up Operation | 4 Ea  | 5/10/18    | 5/10/18  | 0.00      | 0.00    | Start Up Small Fab-4  |           | <i>MLC</i> |
| 100   | Brake NC           | 4 pcs | 5/10/18    | 5/10/18  | 1.37      | 0.33    | Brake NC 3            |           | <i>MLC</i> |
| 110   | Small Fab          | 4 pcs | 5/10/18    | 5/10/18  | 0.00      | 0.65    | Small Fab             |           | <i>MLC</i> |
| 120   | QC                 | 4 pcs | 5/10/18    | 5/10/18  | 0.00      | 0.00    | QC5                   |           | <i>MLC</i> |
| 130   | Powdercoat         | 4 pcs | 5/10/18    | 5/10/18  | 0.00      | 0.12    | Powdercoat2           |           | <i>MLC</i> |
| 140   | QC                 | 4 pcs | 5/10/18    | 5/10/18  | 0.00      | 0.00    | QC3                   |           | <i>MLC</i> |
| 150   | Packaging          | 4 pcs | 5/10/18    | 5/10/18  | 0.00      | 0.00    | Packaging3            |           | <i>MLC</i> |
| 160   | QC21-SA            | 4 Ea  | 5/10/18    | 5/10/18  | 0.00      | 0.00    | QC21                  |           | <i>MLC</i> |

Part Op 100 - Punch as per Dwg D2565 using DT 8313

Descriptions: 110 - Drill hole as per Dwg D2565 (one end only)

130 - START TIME: *8:30*

FINISH TIME: *9:00*

*OV.T: 4:00*

*M13C839*

*9-8 MAY 22 2018*

### Job BOM

| Part / Item      | Component Name              | Quantity              | Operation             | Container      |
|------------------|-----------------------------|-----------------------|-----------------------|----------------|
| M304TR0.750W.049 | 304 Round Tube .750 X .049W | 7.6664 ft (1.9166 ea) | 90-Start up Operation | <i>5072449</i> |

### Job Allocations

| Operation             | Component Part   | Required | Inventory | Allocated |
|-----------------------|------------------|----------|-----------|-----------|
| 90-Start up Operation | M304TR0.750W.049 | 8        | 68        | 0         |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           r Jet <input type="checkbox"/><br/>           oor. <input type="checkbox"/><br/>           ging <input type="checkbox"/><br/>           plier <input type="checkbox"/> </div> <div style="width: 45%;">           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
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| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | <b>MRB (QSI042) Approval</b><br><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| <b>Description Work Order Deviation</b><br><br><div style="height: 200px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    | <b>Completed By</b><br><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    | <b>Lead hand / Supervisor Approval Verification</b><br><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    | <b>QC / QA Coordinator Approval</b><br><br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Root Cause</th> </tr> </thead> <tbody> <tr> <td style="width: 33%;">Environment <input type="checkbox"/></td> <td style="width: 33%;">No Re-verification <input type="checkbox"/></td> <td style="width: 33%;">Pressure/Forced <input type="checkbox"/></td> </tr> <tr> <td>Design <input type="checkbox"/></td> <td>Operator <input type="checkbox"/></td> <td>Bending <input type="checkbox"/></td> </tr> <tr> <td>Doc/Data <input type="checkbox"/></td> <td>Offset/Setup <input type="checkbox"/></td> <td>Centre Not Concentric <input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td>Cracks <input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre <input type="checkbox"/></td> <td>Training <input type="checkbox"/></td> <td>Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> </tr> <tr> <td>Material <input type="checkbox"/></td> <td>Use for Testing <input type="checkbox"/></td> <td>Cuffs <input type="checkbox"/></td> </tr> <tr> <td>Internal Transport <input type="checkbox"/></td> <td>Poor Information <input type="checkbox"/></td> <td>Crushing <input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge <input type="checkbox"/></td> <td>Rushing <input type="checkbox"/></td> <td>Heat Treat <input type="checkbox"/></td> </tr> <tr> <td>LOA <input type="checkbox"/></td> <td>Product Improvement <input type="checkbox"/></td> <td>Wave/Twist in Tube <input type="checkbox"/></td> </tr> <tr> <td>Substation <input type="checkbox"/></td> <td>Process Improvement <input type="checkbox"/></td> <td>Marks/Chatter <input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date <input type="checkbox"/></td> <td>Manufacturing Process <input type="checkbox"/></td> <td><input type="checkbox"/> Drill Holes</td> </tr> <tr> <td>Misidentified <input type="checkbox"/></td> <td>Past Due <input type="checkbox"/></td> <td>OTHER : _____</td> </tr> </tbody> </table> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Root Cause |  |  | Environment <input type="checkbox"/> | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | <input type="checkbox"/> Drill Holes | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | OTHER : _____ |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | <input type="checkbox"/> Drill Holes                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |
| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Past Due <input type="checkbox"/>                                                                                                                                                  | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |  |                                      |                                             |                                          |                                 |                                   |                                  |                                   |                                       |                                                |                                        |                                   |                                 |                                       |                                   |                                                 |                                   |                                          |                                |                                             |                                           |                                   |                                           |                                  |                                     |                              |                                              |                                             |                                     |                                              |                                        |                                           |                                                |                                      |                                        |                                   |               |

Date: 05/18/18  
 Inspector:  
 Revision:  
 Serial No/Batch: S072546  
 Job No: 176543  
 Part: D2565-201  
 Container No: S072546  
 DART Aerospace  
 1270 Aberdeen Street  
 Hawkesbury, ON K6A 1K7  
 CANADA  
 TEL: 1 613 692-6200  
 Email: sales@dartaero.com  
 www.dartaerospace.com

Positioned Wrong ☐  
 Outside Dimensions ☐  
 Over/Under tolerance ☐  
 Part Incorrect ☐  
 Part Lost/Missing ☐  
 Part Moved ☐  
 Drawing ☐  
 Finish ☐  
 Misread ☐  
 Turning Sequence ☐





DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                            |                                                |                                               |
| Date :                                                       | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | MRB (QSI042) Approval                          |                                               |
| Description Work Order Deviation                             |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Disposition                                                |                                                |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Completed By                                               |                                                |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Lead hand / Supervisor Approval Verification               |                                                |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | QC / QA Coordinator Approval                               |                                                |                                               |
| Root Cause                                                   |                                                                                                                                                                                    | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                |                                               |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                |                                               |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |